

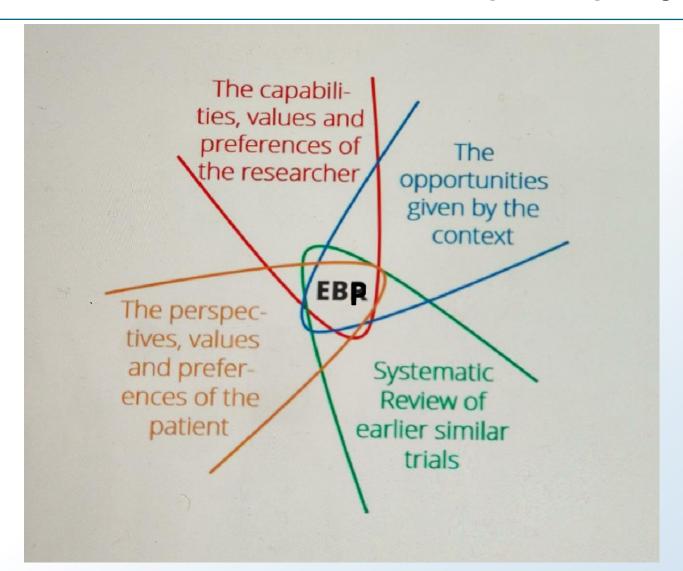
Systematic Search & Health Sciences: Open Access with EBP Approach

Dr. Mbachi Ruth Msomphora

Natural & Health Sciences Library,
UiT - The Arctic University of Norway, Tromsø, Norway.
Email: mbachi.msomphora@uit.no



Evidence-Based Practice (EBP) Approach



Why Evidence-based practice (EBP)?

- Provides health personnel and researchers with a method to use critically appraised and scientifically proven evidence for delivering quality health care.
- Regularly, new and more effective medicines, medical devices, and procedures are invented.
- One major goal behind all these efforts is to help clinicians provide the best possible care and treatment to patients.

But

Lack of time, due to heavy workload, with the increasing volume in medical literature; health personnel cannot keep up to date with new evidence/informative recearch.

- Especially if skills for systematic search are lacking.
- Lack of vocabulary that contains all the distinct subject-words index
- Systematic search of literature (Fig. 1) is an important skill for researchers to help achieve a comprehensive understanding of the topic of interest.

Likewise:

Clinicians/researchers need this skill for them to be updated on the recent evidence in providing relevant health care interventions to the patients.

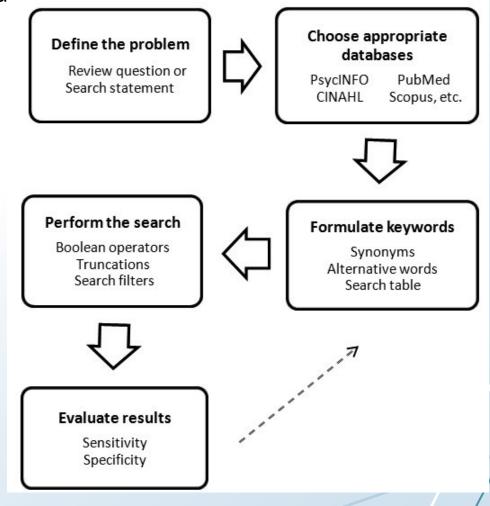


Figure 1: Diagram of the systematic literature search (Celso, P., & Encanto, A. J. 2016)

Besides,

Many health professionals and health science students, especially in low-resource countries rely on the use of limited search engines, including open access database without systematically performing search and retrieval of relevant studies.

Moreover:

- The literature contains a variety of knowledge forms;
 - > Many of which are not suitable for direct evidence-based research (EBR) or clinical practice application.

In addition,

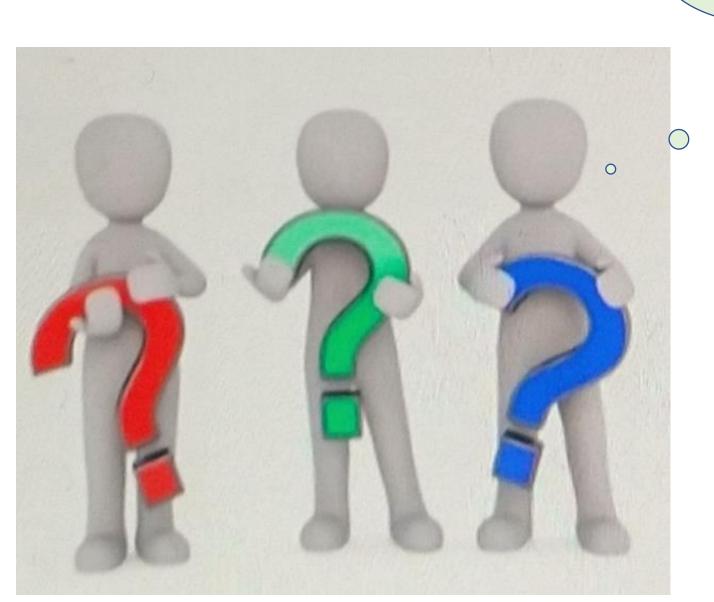
- Open access (OA) databases as part of information sources currently used by health personnel seem to be un-user-friendly when it comes to systematic search for EBP.
- Most of the increasingly available OA databases use a standard structure, Dublin Core (DC)2, which does not accommodate systematic literature search in relation

This makes it difficult for librarians/information specialists:

- To effectively provide ongoing training for clinicians in searching the best evidence, especially for promoting effective and justifiable clinical decisionmaking.
- Besides, OA databases lack the elements that accommodates systematic search.

Thus:

Because the systematic search is important especially in relation to best practices for solid evidence-based research and clinical decision-making, the **OA databases**



Why is this the case?

Systematic search is important for EBR and clinical decisionmaking

Hence:

• The OA databases dealing with Health science should add new fields to their DC structure.

• OA databases, as it should be with all other information sources, match the standard needs of the user.

Hence our objective is:

- 1. To explore how to innovate a system that can allow systematic search of health records in the OA databases.
- 2. Then launch a project in the selected low-resource countries to provide an introductory guide for researchers as well as clinicians on the step-by-step process of systematic literature search & Evidence-based Research.
- 3. Sensitise and provide information on the available open-access directories and databases as additional or alternative sources of evidence in Health.

We suggest to develop OA database that can allow systematic search



To achieve this,

- An experiment will be conducted to test the technical possibility of developing the DC structure to accommodate the extension of the number of keywords.
- The system will automatically allow each record to be searched for keywords that will then be added to the metadata of the record.
- Besides, the system will be innovated such that the search engine will link to the MeSH terms from medical databases, such as PubMed.
- This implies that the experimented OA database will include more fields that are likely to encourage or reduce barriers for smooth adoption of EBP.

Project contributions:

- Shade more light on why and how OA databases can hinder certain barriers to the smooth adoption of EBP for quality health care.
- It will contribute to shorten the time for health personnel in obtaining clinical evidence systematically from OA databases, such that even in low-resource counties, clinicians/researchers can always be up-to-date with new evidence for best clinical decision-making.

Hence,

A contribution to delivering quality health care for all, given that the database is open.

We would like to hear feedback from those who are already working on similar databases,

or

Are planning to develop one.

And your suggestions for financial support to this project will be more than appreciated!

